2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 07, 2000 08:00 AM DOCUMENT # L19877 1. Entity Name **Secretary of State** NEVADA BOB'S GOLF & TENNIS WORLD, INC. Principal Place of Business Mailing Address 7930 N.W. 36TH STREET 7930 N.W. 36TH STREET FL MIAMI FL 33166 33166 2. Principal Place of Business 3. Mailing Address 7930 N.W. 36TH STREET 7930 N.W. 36TH STREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE **BAY #26** BAY #26 City & State City & State 4. FEI Number Applied For MIAMI FL MIAMI FL 65-0146249 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33166 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KAUFMAN, ALBERT G. 7930 N.W. 36TH ST. Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33166 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 01/07/2000 ALBERT G. KAUFMAN (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Change ☐ Detete ☐ Addition BRUGGER THOMAS \mathbf{G} NAME STREET ADDRESS 160 N.E. 111TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI \mathbf{FL} CITY-ST-ZIP TITLE ☐ Delete ST ☐ Change ☐ Addition NAME KAUFMAN DEBORAH NAME STREET ADDRESS 7001 GREENTREE LANE STREET ADDRESS CITY-ST-ZIF MIAMI LAKES FI. CITY-ST-718 TITLE ☐ Deiete TILE ☐ Change ☐ Addition NAME KAUFMAN, ALBERT G. NAME STREET ADDRESS 7001 GREENTREE LANE STREET ADDRESS CITY-ST-ZIP MIAMI LAKES 33014 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.